

**TENNESSEE DEPARTMENT OF HEALTH
PERSONNEL DIVISION
OFFICE CORRESPONDENCE**

Personnel Request — 3

FROM	TO	DATE

DATE:

TO:

FROM:

Phone _____

SUBJECT:

Please check the number of the action you are requesting. Use a separate form for each person.

- _____ 1. New Employee reports to work. Prior Service? _____ Yes _____ No
What Department? _____
- _____ 2. Employee to begin leave without pay.
- _____ 3. Employee to return from leave without pay.
- _____ 4. Request Separation/Resignation. Please call PRT upon employee's notification.
- _____ 5. General changes on PNF-201 (explain in comments).

Provide below the information that is preceded by the number of the action checked.

- 1 2 3 4 5 Name _____ Social Security No. _____
- 1 2 3 4 5 Current Position Number _____
- 4 Last Day on the Job _____ Hour _____
- 4 Reason for Leaving: _____ Dismissal – Letter Requested _____ For Health
 _____ Retirement _____ To Remain at Home
 _____ Expiration of Appointment _____ For Better Pay
 _____ Death _____ Moved from Area
 _____ Layoff – Letter Requested _____ Return to School
 _____ Disability Retirement _____ Job Dissatisfaction
 _____ Dismissal – Gross Misconduct _____ Other – Letter Requested
 _____ Resigned – Not in Good Standing _____ Job Abandonment
 _____ Personal _____ Spouse Transfer
 _____ Job Change
- 4 Recommend Rehire: Yes () No () (If no or left blank, letter from Commissioner of Health to Commissioner of Personnel)
- 4 If Dismissal, letter from Commissioner of Health to Commissioner of Personnel.
- 2 If leave without pay, letter from Commissioner of Health to Commissioner of Personnel.
- 1 Original effective date on PNF-201 _____
- 2 Date to begin leave without pay _____
- 3 Date returned from leave without pay _____
- 1 Date reported to work _____
- 1 Work Center _____
- 1 Work Location _____
- 1 Work Telephone Number _____
- 1 Timekeyers Name _____
- 1 Timekeyers Telephone Number _____

Comments: